B.—WRITE

ż

1. PLACE OF DEATH	(13)
County Calverts	Registration Dist. No. 51
Village or City It. Leonards	No. St., Ward
louble of mid-mid-mid-mid-mid-mid-mid-mid-mid-mid-	(If death occurred in a hospital or institution, give its NAME instead of street and number)
$n \cap n$	mosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Alacon 13. N. avad	
(a) Residence: No. (Usual place of abode)	Ad. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  With	
5a. If married, widowed, or divorced HUSBAND of	
(ar) HIFE DE Settle Bond	22. I HEREBY CERTIFY, That I attended deceased from
24 4 2 2 4 2 4 2 4 2 4 2 4 2 4 2 4 2 4	19
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than	I last saw half alive on ; death Is said
. C 4 Days II LESS than	To the control of the
0 / 8 2 / ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	
SAWTER, BUUNNEEPER, etc. State August 19. Industry or business in which	Mensa 8/16/32
work was done, as SILK MILL, SAW MILL, BANK, etc.	7/12/23
S. Hade, profession, or particular to the first processing of the first processing of the first processing the fir	
12. BIRTHPLACE (city or town) St. Leverard, hel.	Other Contributory Causes of importance:
(State or country)	- Chronic Gelphrittis
14. BIRTHPLACE (city or town) St. Levnardo	Hyperlatini !
7 14. BIRTHPLACE (city or town) St. Leonardo	Name of operation Date of Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Sarah Elizabeth Han	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarah Elizabeth Han 16. BIRTHPLACE (city or town) Goldina Ind	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT William Afulle	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mist wood Date / 2/ ,19	Nature of injury
19. UNDERTAKER A. J. Starkaces & Son (Address) Mulical, and	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 8/2/, 19 3 3 Q. M. Registrar.	(Signed) Jus. France M. D.  (Address) France Frederich Luc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
---	------------	-----------	---------	------------	----	-----------

FOR BINDING

ARGIN RESERVED

V. S. No. 1

1. PLACE OF DEATH  County Slovery	183
county sawy	Registration Dist. No. 2
	No. St., War f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	sds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME I den jamen Chens	
(a) Residence: No. Auchitung town	St. Ward.
(Mualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Lugust 10  193 3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
	, 19, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) way 9, 1912	I last saw h alive on, 19; death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1/Am.
2/ 3 / - 1day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows: Oste of onse
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	72 4 4 2 7
9. Industry or business in which	The works
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occuration (month and	allendare
10. Date deceased last worked at 11. Total time (years)	Jentally )
this occupation (month and spant in this occupation occupation	and howing while me
Criver Co.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)  (State or country)	Erreson ( Crossing
1 13. NAME Lane Chesc	
13. NAME San Chew  14. BIRTHPLACE (city or town) Sharet Co.	Duration: pust a few minutes.
14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Alice Chase 16. BIRTHPLACE (city or town) Calvert Cs.	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Calvell Cs.	Accident, suicide, or homicide? Cacident. Date of injury Quat 10, 1933.
(State or country) M.L.	Where did injury occur?
17. INFORMANT Lifey Chens (Address) Huntingtown Wed	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury accedental
Place attrickent ( Oate / 11 , 1933	Nature of injury Drowning
19. UNDERTAKER N. J. Sewell	24. Was disease or injury In any way related to occupation of deceased?
(Address) A Jane Med.	If so, specify
20. FILEO 8/1/ 19 5 3 2 M. Juin	(Signed) MI
20. FILEO / // , 19 0 X. // Lug	
A Registrat.	(Address) Annual sedence

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago			
RUREAU						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			
			1			

V. S. No. 1

STATE OF	F MARY	LAND-	CERTIFICATE OF DEATH ~ 079	35
1. PLACE OF DEATH	_		<u> </u>	01,
County Calvert			Registration Dist. No. 5 2	
Village or City Sudula	and		NoSt.,	Ward
Length of residence in city or town where dea	oth occurred		death occurred in a horpital or institution, give its NAME instead of street and numbds. How long in U.S. if of foreign birth?yrsmos	
2. FULL NAME Daly 12	y - 3	ners	a	
(a) Residence: No.			St, Ward.	
PERSONAL AND STATISTIC	(Usual place of		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH	)
	S. SINGLE, MARRIE OR DIVORCED (	D. WIDOWED,	21. DATE OF DEATH Oug 193	3
5a. If married, widowed, or divorced			(Month) (Day)	(Year)
HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attended dece	ased from
	1:.1-2		, 19, to,	19
6. DATE OF BIRTH (month, day, and year)	14/22		I last saw h alive on; dec	ath is said
7. AGE Years Months		If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at sm,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular			1 4 1 1	te of onset
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.			flill mu	
work was done, as SILK MILL, SAW MILL, BANK, etc				
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SPINNER. SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)	II. Total time			
12. BIRTHPLACE (city or town) / / (State or country)			Other Contributory Canses of importance:	
1 / ///	Bootle			
13. NAME Affeld (14. BIRTHPLACE (city or town) (State or country)	48		Name of operation	
			What test confirmed diagnosis? Was there an au'op	sy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	( g	700000000000000000000000000000000000000	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?	. 19
17. INFORMANT Reference 3 (Address) Sunday	aul	~~	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place ML Trou file	Date aug:	15,1933	Manner of injury	
19. UNDERTAKER Thams Em (Address) Sunderla	ursan		24. Was disease or injury in any way related to occupation of deceased?	
20. FILED Augst 1928 Welth	Harder	Registrar.	(Signed) (Address) Davis J M.	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting VS. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II			
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	BS Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
BUREAU V.S.					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroentcritis	1 year		

V. S. No. 1

B ż

STATE (	OF MARYLAND-	-CERTIFICATE OF DEATH 07936
1. PLACE OF DEATH		<u> </u>
county Calvert		Registration Dist. No. 52
	8-8	
Village or City Chaney	male (1)	No. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where	death occurredyrsmos	sds. How long in U.S.if of foreign birth?yrsmosds.
2. FULL NAME Baly	Bur Dice	n
		Ct Word
(a) Residence: No.	(Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATIST	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR-OR RACE	S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
5a. If married, widowed, or divorced		(Month) (Day) (Year)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
G.	18177	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at \( \int O \) \( \frac{19 \tag{4.9}}{4.00} \) m.
T. AGE ROMAIS	1 day,hrs.	
	TAPAPIPImin.	were as follows: Date of enset
8. Trade, profession, or particular kind of work done, as SPINNER,	til X long	full com
SAWYER, BOOKKEEPER, etc.		-
work was done, as SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. Work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this	
year)	occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	<i>f</i>	*
(State or country)		
13. NAME Solvand	Delen	
13. NAME Change 14. BIRTHPLACE (city or town)	1.1	Name of operation Date of
(State or country)	4	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Beating	i Dieen	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) / Co	, ,	Accident, suicide, or homicide? Date of injury, 19
State or country)		Where did injury occur?
17. INFORMANT Deature	Duen	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL		46
	L Date aug. 9, 1933	Manner of injury
19. UNDERTAKER Werley K	cent -	24. Was disease or injury In any way related to occupation of deceased?
(riddicas)	3 ///-0\	If so, specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. Not 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 2.

BINDING

FOR

RESERVED

ARGIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mcchanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II				
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
RUREAU	5					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

	f infor-	d state	CUPA-	
	item o	shoul	of OC	
S	2D. Every	YSICIANS	statement	
•	RECO	. PH	Exact	
NDING	MANENT	KACTLY	lassified.	
ARGIN RESERVED FOR BINDING	IS A PER	stated E	properly c	ertificate.
RVED	K-THIS	onld be	may be	back of c
RESE	NG INF	AGE sh	that it	no suo
ARGIN	UNFADI	upplied.	terms, so	instructi
•	WITH	efully sa	in plain	int. See
•	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
0.1	-WRITE	mation sh	CAUSE O	TION is v
V. S. No. 1	N. B.			

1. PLACE OF DEA	TATE C	JF MAR	TLAND-	CERTIFICATE	OF DEA	VIH (	07938
County Cal	vect				Registration	Dist No	5/
Village or City	uner.	Fredon		No		St	Ward
Length of residence In o	ity or town where	death occurred		f death occurred in a hospital or institution of the second of the secon			
2. FULL NAME	2/	3:1		land to the state of the state	or totalgii ontii:	yi3	
(a) Residence: No.	The same of the sa		7	St. Ward.			
(a) Residence. No.		(Usual place	of abode)	St.,ward.	If nonresident	give city or town	and State
PERSONAL AN	ND STATIST	ICAL PART	CULARS	MEDICAL C	CERTIFICATE	OF DEATH	1
3. SEX	OR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	8	13	, 193
5a. If married, widowed, or div HUSBANO of	orced				(Month)	(Day)	(Year)
HUSBANO of (or) WIFE of					YCERTIF		ied deceased from
e Diffe of Dipoli	8	1/13/-	2)	11			, 19
6. DATE OF BIRTH (month, da 7. AGE Years	Months	Days	If LESS than	to have occurred on the date sta			; death is said
		1	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		' /	
8. Trade, profession, or p	particular		7 01	Hele as rough	m		Date of onset
NOTE TO SERVICE AND A SERVICE							
9. Industry or business to work was done, as SAW MILL, BANK,	n which SILK MILL,						
SAW MILL, BANK,	rked at	11. Total 1	ime (years)	-		******	
this occupation (mo	onth and	spa	ntin this upation				
12. BIRTHPLACE (city or town	Mid	7		Other Contributory Carses of Imp	oortance:	1	
(State or country)	- July			Cl leel-	Ly		
13. NAME Rocke	A Je	cks		9			
13. NAME State 14. BIRTHPLACE (city or t	own) / 1	110		Name of operation		Date o	f
(State of country)	1	Cey .	00	What test confirmed diagnosis?	*		
15. MAIOEN NAME K	the	Morses		23. If death was due to external ca			
16. BIRTHPLACE (city or t	own)	101		Accident, suicide, or homicide?			
(State or country)	10	4		Where did injury occur?	(8		P
17. INFORMANT POL	ed y	acks		Specify whether injury occurred	in INOUSTRY, In HO	town, county and : ME, or In PUBLIC	PLACE.
(Address) (2) 18. BURIAL PREMATION, OR	PEMOVAL	ug					
Place WW.	Jarel	- Oate	4 ,1933	Manner of injury			
215	1	20		Nature of Injury			
19. UNOERTAKER	1. Sew	ell		24. Was disease or injury in any	way related to occup	ation of deceased?.	
8,40	5 2	1717	( )	If so, specify (Signed)	a) ale	200	AA T
20. FILEO. 7. 17.	19. 2. 2	X:/ '.\	Registrar.	(Address)	Las'	3,,	/
	If more	blanks are needed.	- 1	2411 N. Charles Street, Baltimore, R	Conesting D. S. No.	ing	;

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of dear of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	SEP 7 1933	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	_ 1 year	
44					

ż

1. PLACE OF DEATH	OF MARYLAND	CLITTIC	AIL O	I DLA	(	17939
County Calvert		2	137	Docietation D	- No 5	7
Village or City M. Bla				Registration D		
Village of City		(If death occurred in a hosp	oital or institution,	give its NAME	St.,_ instead of street ar	d number)
Length of residence in city or town whe	re death occurredyrs	_mosds. How long	g In U.S. if of for	reign birth?	yrs	_mosd
2. FULL NAME Josep	h Knig					
(a) Residence: No. 12.	each 0	St., Wa	rd.			
	(Usual place of abode)				ve cily or town a	
PERSONAL AND STATIS				TIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWI OR DIVORCED (while the wo	21. DATE OF E	9		28	3
5a. If married, widowed, or divorced	1		(1	Month)	(Day)	(Year)
(or) WIFE of Mus lea	in King	22. I HE	REBY	ERTIFY	That I attend	ed deceased from
6. DATE OF BIRTH (month, day, and year)	ch. 25 1898	I last saw h	alive on a	7286	, 19	); death is sal
7. AGE Years Months	Deys If LESS to		he date stated all	ove, at 2, 12	P.m.	
35 6	3   1 day,mir	The PRINCIPAL CAU	SE OF DEATH e	nd related causes	of Importance	1000
8. Trade, profession, or particular kind of work done, as SPINNER,	7 - 1	- luliu	my	luber	4	Date of onse
SAWYER, BODKKEEPER, etc.						
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc						
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	11. Total time (years) spant in this					
/ 1	occupation	Other Contributory Ca	uses of Importan	ice:		
12. BIRTHPLACE (city or town) (State or country)	G					
1 1 1 1 1 1	5.16					
	· c					
(State or country)	4	Name of operation				
	11100000	What test confirmed d				
1	poory as	23. If death was due to		***		
16. BIRTHPLACE (city or town)	Colf	Accident, suicide, or h		Da	te of injury	, 19
17. INFORMANT Mu Ban	1 King	Specify whether injury		Specify city or to DUSTRY, In HOM	wn, county and S E, or in PUBLIC	itate) PLACE.
(Address) // Decay  18. BURIAL, CREMATION, DR REMOVAL						
Place MI Harma	Date aug. 30 ,19	Manner of injury				•
19. UNDERTAKER W.H.H.	lurs	24. Wes disease or Inju		elated to occupati	on of deceased?_	No
20. FILED Augst 39.981 W	HHardes by Registr	(Signed)	lugh	wu	Jang 111	DM.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial ne		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SFP 6 1934	July 5,1927	Perilonilis	3 days ago	
	TUREAU V. S.				
Other contributory	causes of importance:		Other contributory causes of importance:	1	
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING

ARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	ARTLAND—	CERTIFICATE	OF DEA	III (	17940
County Calvert		82-06)	Posintentian D	Sink No. 5	2)
Village or City Randalls C		No.  death occurred in a horpital or institu		St., instead of street and	number)
2. FULL NAME May Mac	Irall			,134	1103
(a) Residence: No.	1.000	St., Ward.			
(Usua	al place of abode)			ive city or town an	d State
PERSONAL AND STATISTICAL PARTICULAR PARTICUL		-	ERTIFICATE	OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE OR DIV	E, MARRIED, WIDOWED, VORGED (20 rice the word)	21. DATE OF DEATH	(Month)	(h	, 193
5e. If married, widowad, or divorced HUSBAND of (or) WIFE of Ruchard	Merkell	22. THEREBY	CERTIFY	That I attended	(Year)
6. DATE OF BIRTH (month, day, end year) Leg 25	5.1864	I last saw h alive on	my 10	,19-3	; death is said
7. AGE Yaars Months Da	ys If LESS than 1 day,hrs.	to have occurred on the data state The PRINCIPAL CAUSE OF DEAT ware as follows:			Oate of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date dacasad last worked at this occupation (month and	esti	Argule	lusi		Unte of onset
9 Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc		Hempl	ejúa		2/34/20
10. Date dacassad last worked at this occupation (month and yaar)	Total time (yaars) spent In this occupation				
12. BIRTHPLACE (city or town)		Other Contributory Canses of impo	ortanca:		
13. NAME Light Horr	ord				
(Stata of country)		Name of operation			
15. MAIDEN NAME Type Brown	~	23. If death was due to external cau	uses (VIOLENCE) fill	in also the followin	ng:
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (Stata or country)		Accident, suicida, or homicida? Where did injury occur?	**************		
17. INFORMANT Earth Save (Addrass) Randalls Chy	7	Specify whether injury occurred in	n INDUSTRY, in HOM	own, county and Sta IE, or in PUBLIC PI	nte) LACE,
18. BURIAL, CREMATION, OR REMOVAL Place St. Edman Oata	Augst 3,1933	Manner of injury			
19. UNOERTAKER Wilson Service (Address) Learns	ell	24. Was disaase or injury In any w	ay ralatad to occupat	ion of deceasad?	Lo
20. FILEO August - 3, 1973 W 24 24 are	Registrar.	(Signad) (Address) (Address)	www. Is	1 d	M. D.
If more blanks are n	eeded, address State Registrar,	2411 N. Charles Street, Baltimore, Re	equesting V. S. No. 1		

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II		
The principal cause of death and related ca of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

infor-	state	UPA-	
Jo	PI	CC	
H	nou	0	
ite	CO	jo	
NFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	plied. AGE should be stated EXACTLY. PHYSICIANS should state	rms, so that it may be properly classified. Exact statement of OCCUPA.	
OR	H	+	
EC	Ь	rac	
K		Ê	
ENT	LLI	ed.	
Z	C	sifi	
MA	Y	as	
EK	E	2	
Р	P	rly	1
4	ate	ope	3:4
IS	St	pr	-
HIS	pe	pe	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
L	plu	ay	-
X.	ho	t m	-
Z	(A)	+ 1	
5	\G	tha	-
NIC	4	08	44
IV.	ed.	ŝ	
Z	pli	rm	-

STATE OF MARYLAND-CERTIFICATE OF DEATH

- 1		pay	1)	18	í
-	J	6	J	4	1

1. PLACE OF DEATH			(191)	EO	OIJII
County Calvert				Registration Dist. No. 52	
Village or City Sund er les	nd		No.	St.,St.,	Ward
Length of residence in city or town where	death occurred			U.S. if of foreign birth?yrs	
2. FULL NAME Ridgeal					
			0		
(a) Residence: No.	(Usual place	of abode)	St,Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATIST	ICAL PART	ICULARS	MEDIC	AL CERTIFICATE OF DEATH	
Male Color or RACE	5. SINGLE, MAR OR DIVORCE Singl	RIED, WIDOWED, D (write the word)	21. DATE OF DEA	August 1,	, 193 3(Year)
5a. If married, widowed, or divorced HUSBAND of				, , , , , , , , , , , , , , , , , , , ,	
(or) WIFE of			7-31-	EBY CERTIFY That I attende	d deceased from
	Y d7	- 15 117	Llast saw h im alive	8-133	, 19
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months	Days	r 15, 13	1 102f 2d M II GIIAC	ste stated above, at 7 P m.	; death is said
19 10	15	1 day,hrs.	1	F DEATH and related causes of Importance	
8 Trade profession or particular	10	lormin.	were as follows:		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ermer		Heat Prost	ration	7-31-33
10. Date deceased last worked at this occupation (month and year)	SQ3	ime (years) nt in this upation	Muscular	spasm	
12. BIRTHPLACE (city or town) Md. (State or country)			Other Contributory Causes	of importance:	
🖺 13. NAME Frank l	Mossell				
14. BIRTHPLACE (city or town)				Date of	
(State of country) IVI(I			The state of the s	osis? Was there ar	
15. MAIDEN NAME IONA WE	allace			rnai causes (VIOLENCE) fill in also the followi	
15. MAIDEN NAME IONA WE 16. BIRTHPLACE (city or town)	0			side? Date of injury	, 19
17. INFORMANT Ida Mossell (Address) Owings			Specify whether injury occ	(Specify city or town, county and Surred in INDUSTRY, in HOME, or In PUBLIC F	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Date 8-	-2- ,19 3	15		
19. UNDERTAKER Wilson Sewe	11	****	24. Was disease or injury in	any way related to occupation of deceased?	
20. FILED 8/2 , 19 33 M.	B. Cox	Registrar.	(Signed) (Address)	Lugh W Ward	M. D.

m

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8/4/33

8.—The trade, profession, or particular kind of work done.

BURE AU VS

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1	·VII	Example 11	
The principal cause of death and related caus of importance were as follows:	Date of See	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	N931	Run over by street car	1 week ago
Cerebral hemorrhage	14. July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year